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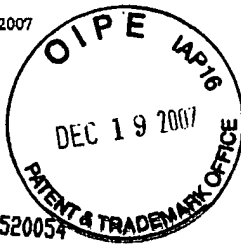
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56639 7590 09/19/2007

EMPK & Shiloh, LLP
116 John St.,
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New York, NY 10038



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12/20/2007 SDIRETA2 00000039 503400

10520054

01 FC:2501
02 FC:1504
03 FC:8001

720.00 DA
300.00 DA
210.00 DA

APPLICANT	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/520,054	04/25/2005	ESHEL, Yoram et al.	P-9960-US	9850

TITLE OF INVENTION: DEVICES AND METHODOLOGIES USEFUL IN BODY AESTHETICS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	12/19/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAMPRECHT, JOEL	3737	600-439000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (have as a number a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 EMPK & Shiloh, LLP
2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

ULTRASHAPE INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Yoqneam Illite, ISRAEL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fees(s) are enclosed:

- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(c)(2).

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Date: 12/19/2007

Typed or printed name: Naim Shichrim

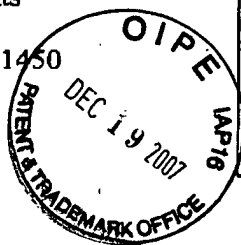
Registration Number: 56,248

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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APPLICANT(S): ESHEL, Yoram et al. EXAMINER: LAMPRECHT, JOEL

Serial No.: 10/520,054 GROUP ART UNIT: 3737

Filing Date: April 25, 2005 ATTORNEY DOCKET No.: P-9960-US

FOR: DEVICES AND METHODOLOGIES USEFUL IN BODY AESTHETICS

Mail Stop Issue Fee
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Sir:

Enclosed please find a completed Issue Fee Transmittal form PTOL-85 Part B for filing in the above-referenced patent application.

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| 2. <input type="checkbox"/> Utility Patent Application Transmittal | 10. <input type="checkbox"/> Response to Notice of Incomplete Reply |
| 3. <input type="checkbox"/> RCE Transmittal Sheet | 11. <input type="checkbox"/> Request for Correction of Filing Receipt |
| 4. <input type="checkbox"/> Fee Transmittal Sheet | 12. <input type="checkbox"/> Information Disclosure Statement including:
- Form PTO 1449 and references _____ |
| 5. <input type="checkbox"/> Patent Application Under 35 USC 111(a) | 13. <input type="checkbox"/> Preliminary Amendment |
| <input type="checkbox"/> Provisional Patent Application Under 35 USC 111(b) | 14. <input type="checkbox"/> Response to Office Action dated _____ |
| <input type="checkbox"/> Transmittal Sheet for Entering National Phase | 15. <input type="checkbox"/> Petition for a One Month(s) Extension of Time |
| Containing: | 16. <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief _____ |
| ____ Pages of Specification | 17. <input checked="" type="checkbox"/> Issue Fee Transmittal <input checked="" type="checkbox"/> Publication Fee |
| ____ Pages of Claims | 18. <input type="checkbox"/> Submission of Formal Drawings: Two sets of
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| ____ Pages of _____ | 21. <input type="checkbox"/> Revocation and Power of Attorney, including:
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